

Université de Montréal

**Facteurs entravant la formation de relation amoureuse chez les  
individus ayant vécu un premier épisode psychotique**

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# Résumé

**Introduction.** Bien que plusieurs jeunes adultes avec psychose débutante désirent s'engager dans une relation amoureuse, plusieurs rapportent des difficultés à y parvenir. Toutefois, il y a peu de recherche menée sur les facteurs pouvant potentiellement expliquer les difficultés de cette population à établir une relation amoureuse.

**Objectif.** Cette étude compare un échantillon de jeunes adultes avec psychose débutante (PD) à des adultes célibataires ou des adultes en couple sur des facteurs pouvant interférer avec le processus d'initiation de relations amoureuses.

**Méthodologie.** Cette étude transversale compare les trois groupes (N = 83) sur l'estime de soi, l'attachement et le fonctionnement social. Les participants célibataires devaient aussi répondre à une question ouverte sur leurs difficultés amoureuses.

**Résultats.** Aucune différence significative entre groupes n'a été trouvée pour l'estime de soi, bien que le manque de confiance en soi était la deuxième raison la plus évoquée par les participants célibataires avec PD lorsque questionnés sur les raisons de leur célibat. Les participants célibataires avec PD avaient des scores plus élevés sur l'échelle de préoccupation liée à l'attachement que les étudiants en couple. Ils ont aussi évalués leurs habiletés d'interaction sociale plus favorablement que les étudiants célibataires, mais n'ont pas pour autant rapporté davantage d'interactions que ceux-ci. Les participants avec PD et ceux du groupe témoin célibataire ont des perceptions plus négatives de leurs habiletés liées à l'intimité et rapportent moins de comportements intimes comparés aux participants en couple.

**Conclusion.** De futures interventions visant à améliorer la capacité des jeunes adultes à former une relation amoureuse pourraient cibler la perception de leurs habiletés d'interaction, la préoccupation d'être aimé, la perception négative de leurs habiletés d'intimité, la fréquence des comportements d'intimité et le manque de confiance.

**Mots-clés:** psychose débutante, relations amoureuses, intimité, estime de soi, attachement, habiletés sociales, psychologie clinique.

# Abstract

**Background.** Although many young adults with early psychosis desire to engage in a romantic relationship, many report having difficulties in engaging in such a relationship. However, almost no research has been conducted on factors potentially explaining impairments in their ability to form romantic relationships.

**Aim.** To compare an early psychosis (EP) single young adult sample with single students or students in stable romantic relationships on factors that can cause difficulties in romantic relationship initiation processes.

**Methods.** Cross-sectional study comparing these three groups (N= 83) on self-esteem, attachment, social functioning and perceived difficulties in dating.

**Results.** No significant group differences were found on self-esteem, although lack of confidence was the second most frequent reason evoked by EP participants when asked why they were single. EP participants had greater attachment preoccupation than students involved in a relationship. Single EP individuals rated their social interaction abilities higher compared to single students, but did not engage in social interactions more often. Both single EP participants and single students had more negative perceptions of their intimacy abilities and fewer intimacy behaviours compared to participants involved in a relationship.

**Conclusions.** Potential interventions to improve EP young adult's capacity to engage in romantic relationships could target perception of their interaction skills, preoccupation about being loved, negative perception of their intimacy abilities, frequency of intimacy related behaviours and lack of confidence.

**Keywords** : early psychosis, romantic relationships, intimacy, self-esteem, attachment, social skills, clinical psychology.

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*À Peddy et Sam, mes parents,  
qui m'ont tout donné pour réussir.  
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# **Factors limiting romantic relationship formation for individuals with early psychosis**

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**Keywords :** early psychosis, romantic relationships, intimacy, self-esteem, attachment, social skills

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## Abstract

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## Introduction

Individuals having experienced psychosis, and who were given a psychiatric diagnosis such as schizophrenia or schizoaffective disorder, often present with difficulties above and beyond the cognitive distortions linked to psychosis. For instance, despite improvements in medication and psychotherapies for symptom management, as well as rehabilitation interventions, the quality of life of individuals with psychosis remains affected by difficulties in building romantic relationships. Indeed, individuals treated for severe mental illness “poignantly express both being lonely and desiring love and companionship” (1). In their early adulthood, individuals with early psychosis (IEP), like their peers without mental illnesses, seek intimacy and romantic relationships but are often faced with social isolation and difficulties maintaining intimate relationships (2). Consequently, in comparison to non-psychotic individuals, those with psychosis tend to have smaller social networks, fewer friends, fewer people to turn to in a crisis, and a higher likelihood of service providers as members of these networks (3). Additionally, young men with early psychosis struggle more in dating and social functioning and their social life is usually poorer than women’s (4, 5). The main hypotheses to explain these gender differences are that: 1) the first episode of psychosis is usually more severe and disabling in males (6, 7); 2) women’s illness onset usually occurs later in the course of their life, therefore, they have had time to complete their studies, get married or establish intimate relationships (5, 8-12), and gender-roles more frequently than their male counterparts. Whereby vulnerable men are less likely to attract potential partners than vulnerable women.

Many factors can play a role in the overall lack of social engagement and thus in dating difficulties of IEP such as social functioning impairments (e.g., difficulties with occupational roles, autonomy in living arrangements and social contact), neurocognitive deficits (e.g., poor cognitive flexibility, verbal ability, verbal memory and impaired interpersonal problem solving), fluctuating psychiatric symptoms, and mental illness stigma (which is associated with more emotional discomfort and fewer relationships) (13-22). Despite scarce literature on these topics in IEP, self-esteem, attachment and social functioning have been identified as factors that could interfere with romantic relationship initiation per se in the general population (23-33).

Indeed, individuals with low self-esteem fear rejection, which can lead them to underestimate their chances of acceptance from potential partners. This may stop someone from taking the risks involved in meeting new people and asking someone out on a date. We know that individuals with psychosis tend to present either low or fluctuating self-esteem to which social stigma or non-satisfying familial interactions can contribute (34-36).

Secondly, highly insecure (attachment-wise) individuals tend to expect the worst from partners and doubt their capacity for lasting relationships. As it happens, IEP are more likely to present more insecure attachment style and report more anxiety (preoccupation, needs for approval) than the general population (37, 38).

Thirdly, social functioning deficits, such as having difficulties in engaging the other individual and creating a context for interpersonal relationships to emerge (33) can be problematic when attempting to form a romantic relationship and are known to be paramount struggles for many individuals with psychosis. Indeed, social skills deficits (in social problem

solving, communication, memory, appropriateness etc.) are often part of their reality (39, 40) and can be partly explained by missing developmental milestones during illness episodes and school or work interruptions which lead to fewer socialising opportunities (39, 40). Psychiatric symptoms (voices, delusions, thought and language disorganisation) and social cognitive deficits such as difficulties recognizing intentions and emotions in others may also lead to social withdrawal (41, 42). In summary, difficulties with self-esteem, attachment and social functioning may therefore impede IEP's ability to date and to form romantic relationships.

So far, researchers have investigated factors that could explain the general lack of social engagement of individuals with psychosis but a paucity have looked at factors that could explain impairments in their ability to form romantic relationships and that could eventually be targeted within psychosocial interventions. Yet, a study has reported that IEP value romantic relationships, see it as an important part of being human that allows for less identification with psychosis and more with normality and anticipate that dating would reduce social isolation and increase a sense of balance in their life (43).

## **Objectives**

Given the role that self-esteem, attachment style and social skills can play in the development of romantic relationships in the general population, this study aims to examine whether these factors might also explain the difficulties that IEP face by comparing these factors across three samples: 1) young men with early psychosis seeking a romantic partner 2) students of similar age and education without psychosis also looking for a partner and 3) students of similar age and education without psychosis involved in a stable relationship.

## **Methods**

### **Participants**

The project was approved by both the CHUM hospital and Université de Montréal's research ethics board. The IEP sample, which was recruited from the CHUM's "Clinique pour Jeunes Adultes Psychotiques (JAP)" included single (for at least 2 years) males wishing to engage in a romantic relationship. The non-clinical samples were matched for age, gender and education level to the IEP group and recruited from the Université de Montréal and from a secondary school for adults, through advertisements.

### **Assessment measures**

All participants completed a socio-demographic information questionnaire, and the Self-Esteem Rating Scale – Short Form (SERS-SF) validated with both psychiatric as well as non-psychiatric samples (36, 44). The SERS-SF assesses self-evaluation of overall self-worth (sense of one's own value), social competence, problem-solving ability, intellectual ability, self-competence (feeling that one is competent), and worth compared with others. Although the authors have validated it as a unidimensional factor scale, Lecomte, Corbière and Laisné (2006) showed that a 20 item short version of the SERS (SERS-SF) in French yields a positive and a negative self-esteem subscale (36, 44, 45). The positive scale has an internal consistency alpha coefficient of .91, and the negative scale of 0.87. The test–retest reliability of the positive and negative scales demonstrated adequate stability (respectively:  $r = .90$  and  $r = .91$ ,  $P < 0.001$ ) and both scales were highly correlated with the Rosenberg Self Esteem Scale global score ( $r = .72$  and  $r = -.79$ ,  $P < .001$ ). Participants also completed the Attachment Style Questionnaire (ASQ) which assesses the individual's internal working model of peer

relationships and allows for attachment assessment even with individuals that have little romantic experience (46). The 40 items can be divided into 2 subscales: avoidance of social relations ( $\alpha = .88$ ) and preoccupation with being loved ( $\alpha = .71$ )(47). These roughly correspond to Bartholomew and Horowitz's avoidance and dependence dimensions. Finally all participants completed three subscales (i.e. 16 items out of 42) of the First Episode Social Functioning Scale (FESFS), specifically pertaining to: Friendship and social activities, Interacting with people and Intimacy (48). Each domain contains questions on 1) their perceived ability in this domain and 2) the frequency at which they have actually performed the behaviors in this domain during the past three months. Therefore for each domain, it is possible to yield a total score for skill perception and a total score for actual behavior. The FESFS's internal consistency alphas range from 0.63 to 0.80. and both convergent and discriminant validity have been established (47). For IEP, psychopathology and functioning were described by respectively using the Positive and Negative Syndrome Scale (PANSS), for which estimates of inter-rater reliability are good (49) and the Global Assessment of Functioning Scale (50). An open-ended question pertaining to each person's perception of why they were currently single was also asked.

### **Data analysis**

One-way ANOVAs have been used to compare the three groups on the various subscales of the AQS, SERS and FESFS questionnaires. *Tukey's HSD* Post-hoc tests were then performed to determine which group means were different on each subscale. Responses to the qualitative question were reported in terms of most frequent themes.

## Results

A total of 83 participants agreed to participate, including 23 IEP (27.7%), 31 (37.3%) single male students from the non-clinical sample wishing to be in a relationship and 29 (34.9%) male students from the same sample but currently in a relationship (for at least 6 months). Descriptive statistics for the sample and group means for each variable are provided in Table 1 and 2 respectively.

### Self-Esteem

There was no significant effect of group on the self-esteem total score nor for the self-esteem positive or negative subscales.

### Attachment

Scores on the ASQ “Preoccupation with being loved” subscale, showed that participants from the early psychosis group had significantly higher preoccupation than the students involved in a relationship group  $F(2,80) = 6.26, p < .01$ . All other comparisons were not significant.

### Social Skills

Scores on the FESFS Interaction skills perception subscale showed that IEP had significantly higher scores than the single student group (Post-hoc Tukey's HSD tests  $F(2,79) = 3.49, p < .05$ ). On the FESFS Intimacy perception subscale, the IEP ( $F(2,77) = 7.68, p < .001$ ) and the single student groups had significantly lower scores compared to the students involved in a relationship (respectively:  $M=14.73, SD=2.29$  and  $M = 14.13, SD = 2.81$  vs



$M=16.57$ ,  $SD=2.10$ ,  $p=.001$ ). Similar results were observed on the FESFS Intimacy behaviour subscale, for IEP  $F(2,68) = 30.96$ ,  $p<0.001$  and for the single students ( $M=10.15$ ,  $SD = 3.67$ ,  $p < .001$ ) when compared to the students involved in a relationship (respectively:  $M = 8.84$ ,  $SD = 3.95$  and  $M = 10.15$ ,  $SD = 3.67$  vs  $M = 16.04$ ,  $SD = 2.47$ ). All other comparisons were not significant.

### **Reasons for being single**

To the open-ended question « According to you, why are you single at the moment? », most of the 23 IEP participants who answered said they didn't find someone suitable (30.4%), lacked self-confidence (17.4%), lacked money (13%) or that their last relationship had been stressful (8.7%). The 11 (out of 31) participants of the single student group, who answered this question gave reasons related to lack of self-confidence (36.4 %), fear of commitment (27.3%) or stressful past relationships (18.2%).

### **Discussion**

This pilot study aimed at increasing our understanding of the roles of self-esteem, attachment and social skills in the difficulties encountered by young men with early psychosis in establishing romantic relationships, and to determine if their difficulties differed or not from those encountered by young men without psychosis.

Although some obstacles explaining the failure to initiate and maintain romantic relationship are probably specific to IEP's, others might be shared by IEP and single young men without a psychotic illness. For example, both IEP and single students reported less intimacy skills and less frequent intimacy behaviors compared with students involved in a relationship. Social skills like those encompassing intimacy contribute to processes such as

forming a positive impression, engaging the other individual, and creating a context for interpersonal relationships to emerge (33). These results suggest that for both single groups, there is less comfort in dealing with intimacy, which could interfere with their ability to initiate romantic relationships and 'connect' on a 'deeper' level with a potential romantic partner. The fact that both groups performed similarly regarding intimacy also suggests that factors other than psychotic symptoms might be related to social/romantic difficulties in young individuals who are single. In light with that hypothesis, both single groups also reported lack of self-confidence as one of the reasons explaining why they were single. Yet, no significant difference between the three groups was found on the self-esteem scale, suggesting that those who were in a relationship did not have significantly better self-esteem than those who were single, with or without psychosis. Self-confidence implies feeling capable and sure of oneself in a specific situation, whereas self-esteem refers to considering oneself as worthy of happiness and as good as others in general. Therefore, poorer self-confidence, due to less experience in dating or fear of rejection, could partly explain difficulties in dating in both single groups.

Consistent with Couture et al. (2007) findings that report more problematic attachment within this population, IEP showed significantly higher preoccupation (greater need for reassurance, greater fear of rejection and a greater desire to merge with relationship partners) than students involved in a relationship (37). Indeed these preoccupations can represent obstacles when attempting to find a romantic partner. Fear of rejection can inhibit IEP from engaging in partner-seeking behaviors (flirting, dating etc.), as the latter involves a risk of rejection. Similarly, potential partners could feel « invaded » by the strong desire for fusion

and reassurance in IEP, which could explain difficulties in maintaining a romantic relationship.

Although IEP had a more positive perception of their interaction skills than individuals from the single student group, they did not report more frequent interaction behaviors. It is possible that IEP may be overestimating their proficiency in interaction skills. IEP may lack insight into their social skills difficulties or difficulties in initiating contacts may be linked to other factors such as negative symptoms (51). Indeed, deficits in social functioning are apparent even in the early stages of psychosis and impairments in social skills (e.g., avoidance of eye contact, inability to manage casual conversation) can impede the development of intimacy, which may in turn make them appear less desirable to potential partners (52-54).

Although the present study suggests some similarities between the early psychosis group and the single student group on some variables, many limitations such as the small sample size (which limited the statistical power on many of our comparisons) could explain the absence of differences. To limit the heterogeneity of the sample and because young men with early psychosis are more likely than women to be single, only men were recruited, therefore limiting generalizability of the findings. Other limitations include the exclusive use of students as control subjects, which also limits generalizability of results (as many of EIP were non-student) and the absence of a dating IEP group (more difficult to find). Furthermore, we were unable to fully match the participants in all three groups, but have tried to recruit individuals without psychosis who were somewhat similar in age and education level.

Having additional open-ended questions might also be of interest in other studies, for qualitative approaches might yield more precise answers to investigation questions like ours. Other variables such as personality characteristics (notably extraversion, openness to

experience and agreeability) and stigma would also deserve investigation in future studies in order to evaluate their impact on the initiation of romantic relationship in IEP. These variables influence establishment of relationships in general and may therefore impact romance as well.

There are many potential advantages in helping IEP individuals in the intimacy sphere. Romantic relationships could enable people to feel included in their community, increase social support, reciprocity and help maintain adequate social skills. They could also act as a protective factor against relapse of psychosis, since social support has been shown to play such a role (55). Additionally, dating relationships are important in the development of identity and autonomy (56) and promote a sense of connectedness, elements which are often impoverished in young people with psychosis (43).

## **Conclusion**

Recovery from psychosis has been found to include various objective and subjective features such as reengagement in socio-sexual relationships (57). In order to create appropriate interventions to improve social life of individuals with early psychosis, it is important to address potential barriers that impede their quest for romantic partnership, such as inadequate self-esteem, problematic attachment and social skill deficits. This exploratory study suggests that some aspects of these constructs differ in individuals experiencing early psychosis compared with their nonclinical peers although some are similar. Given that they are important factors in romantic relationship initiation, future research focusing on understanding these constructs and other potential barriers is warranted. Other concepts such as personality factors or perceived stigma should be further explored as potentially linked to dating behaviours. The use of qualitative methods, as opposed to our questionnaire-based approach, may help to

obtain a deeper understanding of this domain and guide us toward refined interventions to help psychotic individuals with romantic involvement and support them in their need to engage in typical young adult behaviors. Finally, since men with early psychosis seem to encounter more social and romantic difficulties, it is particularly important to shed light on their specific reality.

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## Annexe A

Table 1. Descriptive Statistics on Participants

	IEP ( <i>n</i> = 23 )	Single Students ( <i>n</i> = 31)	Students in a stable relationship ( <i>n</i> =29 )
	N (%)	N (%)	N (%)
Age	26.2 ( <i>SD</i> = 4.3)	22.9 ( <i>SD</i> = 4.0)	24.3 ( <i>SD</i> = 4.0)
Highest education level			
Less than secondary	1 (4.3)	0(0)	0(0)
Secondary	15 (65.2)	16 (51.6)	15 (51.7)
Post-secondary	4 (17.4)	2(6.4)	0(0)
University	2(8.7)	13(42)	14(48.3)
Unknown	1(4.3)	0 (0)	0 (0)
Cultural background			
Canadian	13 (56.5)	20 (64.5)	16 (55.2)
Other	10 (43.5)	11 (35.5)	13 (44.8)
Age at first hospitalisation	21.4 ( <i>SD</i> = 6.2)	N/A	N/A
Diagnoses			
Schizophrenia	<i>n</i> =16 (69.6 %)		
Schizoaffective disorder	<i>n</i> =4 (17.4%)		
Psychotic disorder not otherwise specified	<i>n</i> =3 (13%)		
GAF score	53 ( <i>SD</i> = 9.9)	N/A	N/A
PANSS			
Total score	52.1	N/A	N/A
Composite scale	-4.2	N/A	N/A
Positive symptoms	11.2	N/A	N/A
Negative symptoms	15.4	N/A	N/A
General psychopathology	25.5	N/A	N/A

GAF, Global Assessment of Functioning; IEP, Individuals with Early Psychosis ; PANSS, Positive and Negative Syndrome Scale.

## Annexe B

Table 2. Means and standard deviations for each group

Variable	IEP	Single Students	Students in a stable relationship
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)
Self-Esteem			
Negative Scale	-28.3 (15.7)	-23.3 (9.8)	-21.7 (8.0)
Positive Scale	51.9 (13.7)	47.5 (12.2)	49.5 (10.1)
Total Score	25.3 (21.6)	24.6 (19.9)	27.8 (14.5)
Attachment			
Avoidance of social relations	49.0 (16.9)	48.4 (10.0)	42.5 (10.5)
Preoccupation with being loved	31.9 (7.8)	27.9 (6.5)	25.8 (4.2)
Social Functioning			
Interaction perception	13.0 (1.9)	11.5 (2.4)	12.6 (2.2)
Interaction behaviour	12 (2.5)	12.1 (2.4)	11.8 (2.2)
Social Activities and Friendship perception	18.0 (3.3)	18.7 (2.3)	18.8 (1.4)
Social Activities and Friendship behaviour	17 (4.4)	18.1 (2.9)	17.8 (2.0)
Intimacy perception	14.7 (2.3)	14.1 (2.8)	16.6 (2.1)
Intimacy behaviour	8.8 (3.9)	10.2 (3.7)	16.0 (2.5)